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HPB

LETTER TO THE EDITOR

Diagnosing options in patient with sarcopenia

Dear Editor

We read the article 'Are sarcopenia, obesity and sarcopenic obesity predictive of outcome in patients with colorectal liver metastases?' written by Lodewick *et al.* [1] with great interest.

They aimed to investigate the influence of sarcopenia, obesity and sarcopenic obesity on morbidity, disease-free and overall survival after a partial liver resection for colorectal liver metastases (CRML). In the present study, sarcopenia was evaluated by computerized tomography (CT) within 3 months before liver surgery.[1] They concluded that sarcopenia, obesity and sarcopenic obesity did not worsen disease-free and overall survival and complication rates after a partial liver resection for CRLM. Thank to the authors for their contribution.

We would like to comment on some methodological issues in this study. Computed tomography and magnetic resonance imaging are two well-known diagnosing options to measure muscle mass. The European Working Group on Sarcopenia in Older People (EWGSOP) reached a consensus on diagnostic criteria for age-related sarcopenia a few years ago.[2] In this consensus, validation of a single slice CT to define muscle mass was assessed only by comparing with Dual-energy X-ray absorptiometry (DEXA) which is also recommended as a non-gold standard technique.[2] Therefore, the accuracy of single-slice CT image analysis to determine body composition may be limited because of the internal errors of the DEXA method.[3] Additionally, muscle strength and function are the other important components of sarcopenia.[4] It would be better if the authors gave information about these factors. As a conclusion, sarcopenia should be assessed with the appropriate technical and assessing laboratory and clinical findings together. By this means, the study will be more precious.

Conflicts of interest

None declared.

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